

CITY OF IDAHO SPRINGS POLICE DEPARTMENT



An Equal Opportunity Employer

The City of Idaho Springs and Idaho Springs Police Department do not discriminate based on race, color, national origin, religion, sex, gender identity, sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program or political beliefs. It is our mission to ensure all qualified applicants be given equal opportunity and that selection decisions are based on job related qualifications.



Idaho Springs Police Department

3000 Colorado Blvd. ★ Post Office Box 907

Idaho Springs, CO 80452

303-567-4291/303-567-1014 Fax

<https://cityofidahosprings.colorado.gov/ISPD>

Job Classification: Police Officer

Closing Date: Until Filled

The Idaho Springs Police Department is currently hiring for the position of Police Officer. Multiple positions may be filled from this announcement.

Candidates may obtain an initial application from the Records Coordinator by emailing pdrecords@idahospringsco.com or by calling 303-567-4291.

Salary Information: Beginning wage **\$60,000.00** annually. Annual cost of living increases is not guaranteed; however, employees have typically enjoyed annual **3-5%** annual cost of living raises each year (including a 5% cost of living raise for 2022).

Benefit Information: Health Insurance (including medical, dental, vision and prescription), Life Insurance, and paid leave. The retirement is outstanding and offered through Fire Police Pension of Colorado (vested in only 5 years). Take home car if living within 25miles. Rec Center membership for employees.

Department Overview: The Idaho Springs Police Department's mission is to provide police and public safety services to a town whose population is divers. Our mission, "Commitment to Integrity and Safety through constitutional Policing and Dedication to our community," guides our culture within the organization. The total residential population is approximately 1800, however the summer and winter season see a large increase in seasonal employees and surge of visiting outdoor enthusiasts. The department is heavily engaged in community policing and facilitating a desirable quality of life for all citizens. All officers are expected to embrace the principles of the "guardian style" of policing which take into account the dignity of all patrons, victims, stakeholders, and offenders. Stakeholder input is frequently solicited, and community feedback is valued.

The Idaho Springs Police Department has a total of 8 sworn member (1 Chief, 2 Sergeants, 5 officers), two civilian support specialists and a code enforcement officer. All employees are tasked daily with providing extraordinary law enforcement and public safety services to the community. Officers are often required to provide additional back-up and support to neighboring law enforcement jurisdictions.

All entry level positions work evening or night shifts with opportunities to bid for other shifts. The Idaho Springs Police Department is a member of the Clear Creek County joint SWAT team, manages a part-time SRO program and provides opportunities for advanced training in other police disciplines and technologies. The Idaho Spring Police Department is an Affirmative Action Employer, and we welcome application for all qualified individuals.

*Integrity and **S**afety through constitutional **P**olicing and **D**edication to our community.*

Qualification: Minimum age 21. Clean criminal history is required. Disqualifiers may include specific misdemeanor convictions. Demonstrated ability to effectively communicate orally and in writing. The selected candidate will be required to demonstrate their fitness for duty as well as pass a physical and psychological evaluation. The candidate(s) must present a valid Colorado driver's license at the time they commence work. Lateral appointment may be accepted, however lateral officers will be subject to all selection standards set forth for new appointees. Lateral/POST certified selectees must successfully complete a 12-month probationary period. Those selectees attending a law enforcement academy (sponsored by ISPD) will be on probation for 18 months from date of hire and required to sign a 3-year contract.

The selection process will include an in-depth background investigation including contacts with current and former employers, co-workers, and community members. Applicants who do not provide a notarized release of information waiver will not be considered.

Work Conditions: Police and public safety personnel in Clear Creek County are subjected to extreme weather and must engage in all duties under sometimes severe conditions including high winds, deep or blowing snow, limited visibility, steep terrain, rain/freezing rain, snow covered or icy surfaces, and occasional high heat environments. Working on uneven ground, in the vicinity of rushing water, in/near construction zones or amidst heavy equipment should be expected. The city hosts numerous special events drawing residents and tourists from varied backgrounds and cultures. Such events compel community policing interaction, walking and or standing for long durations.

Area Information: The City of Idaho Springs encompasses the comfort and closeness of a small town while serving as the gateway for numerous ski resorts and winter activity enthusiasts, white water rafter outfitters, long distance cyclists and other outdoor adventure activities. The town is nestled in a pass that include Interstate 70 and Clear Creek. There are limited housing opportunities at the present time and many officers commute from surrounding communities. The sale of marijuana is legal in the city and four dispensaries are within the city limits. The town includes an elementary school, numerous historic structures, and a thriving business community.

Interested parties are invited to visit the department and arrange to ride-along with an officer. Ride-Along may be requested through Sergeant Ryan Frost. 303-567-4291 ext.1601.

DOCUMENTATION

The following must be submitted with your application:

- Photocopy of your certified birth certificate
- Photocopy of your social security card
- Photocopy of your Colorado Driver's License
- Photocopy of your high school diploma or GED
- Photocopy of your college transcripts or diploma if applicable
- Photocopy of your Colorado POST certificate
- All other applicable special or professional certificates or licenses; or a list of all applicable training including where it was obtained and when attended. All claims of training will be verified later in the process.

PERSONAL INFORMATION:

Position for which you are applying for: Probationary Police Officer

Last Name: _____ First Name: _____ Middle: _____

Alias(es), Nicknames, Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address if Different from Above:

Street Address/PO Box: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address(es): _____

Facebook Account Name: _____

GENERAL INFORMATION

Answer each question, write N/A if the question does not apply. If you answer "Yes" to any question, provide a detailed account of the incident(s) on the back of this sheet, or include on a sperate sheet.

1. Do you have any relatives currently employed by the Idaho Springs Police Department?

YES NO If yes who and what is their relationship to you?

2. Have you ever applied in the past for a position with the Idaho Springs Police Department?

YES NO If yes, when did you apply? _____

3. Have you been arrested, charged, convicted of a crime, received a suspended or deferred sentence or forfeited bail for any offense in criminal or military court? Or do you have any charges pending against you? YES NO

If you answered yes above, answer below:

When: _____ Where: _____ Charge: _____

Disposition: _____

When: _____ Where: _____ Charge: _____

Disposition: _____

When: _____ Where: _____ Charge: _____

Disposition: _____

4. Do you have a valid driver's license? YES NO DL # _____ State: _____

5. Have you ever had your driver's license suspended, denied, or revoked? YES NO

6. Are you currently a certified peace officer or eligible to be a certified peace officer in Colorado?

State of Certification: _____ Certification # _____

7. Are you able and willing to perform the essential function of the position for which you have applied?

YES NO

8. Are you able and willing to work varying shifts including weekends, holidays, and overtime?

YES NO

9. Have you ever taken a polygraph examination? YES NO

If yes explain the circumstances:

10. Have you ever been the subject of a civil suit? YES NO

If yes explain the circumstances:

11. Are you presently an applicant or on an eligibility list for any other agency? YES NO

Agency: _____ Position: _____

Agency: _____ Position: _____

Agency: _____ Position: _____

12. Are there any incidents in your life which might be discovered by subsequent investigation that could disqualify you as an applicant, whether you were directly involved? YES NO

13. Have you ever been fired from a job or been asked to resign? YES NO

If yes explain the circumstances:

14. How many days of work have you missed the past year? (Exclude absence due to disability or those covered by FMLA) Days: _____

SPECIAL SKILLS OR QUALIFICATIONS

Please check all that apply.

_____ Typing _____ WPM

_____ Laser

_____ Microsoft Office

_____ Radar

_____ Teletype/CCIC

_____ In Car Video

_____ MDT

_____ SFST/HGN

Other Relevant Training not listed:

List all volunteer service with law enforcement, fire, EMS, or public safety and service organizations:

Organization _____ Dates _____ Activity _____

Organization _____ Dates _____ Activity _____

Organization _____ Dates _____ Activity _____

Organization _____ Dates _____ Activity _____

NARCOTICS

Have you ever used any illegal drugs, including but not limited to marijuana*, hashish, cocaine, depressants, amphetamines, tranquilizers, hallucinogens, etc.? YES NO

*When and where prohibited by law.

If yes, what drug(s) did you use? _____

How many times? _____ When was the last time? _____

Have you ever sold or given any illegal drugs, narcotics, marijuana *, hashish, etc. to anyone?

YES NO

If yes, what drugs? _____

How many times? _____ When was the last time? _____

Do you associate with any person who use illegal drugs, narcotics, marijuana, hashish, etc.?

YES NO If yes, please explain: _____

Traffic

Complete the following for each occurrence. Include all traffic citations in the past five years regardless of dispositions:

Offense: _____ Agency _____

Date: _____ Disposition: _____

Offense: _____ Agency _____

Date: _____ Disposition: _____

Offense: _____ Agency _____

Date: _____ Disposition: _____

Offense: _____ Agency _____

Date: _____ Disposition: _____

List all motor vehicle accidents that you have been involved in not listed above (give dates, locations, injuries, and agency handling accident):

Employment History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. List all jobs held for the last ten years or until after high school.

Note: a job offer may be contingent upon acceptable reference from current and former employers.

COMPLETE ALL INFORMATION REQUESTED; AND INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

Employer: _____ Dates From/To: _____

Address: _____ Phone Number (s): _____

Supervisor: _____ Hours Worked Weekly: _____

Duties: _____

Co-Workers: _____

Reason for Leaving or Wanting to Leave:

Employer: _____ Dates From/To: _____

Address: _____ Phone Number (s): _____

Supervisor: _____ Hours Worked Weekly: _____

Duties: _____

Co-Workers: _____

Reason for Leaving or Wanting to Leave:

Employer: _____ Dates From/To: _____

Address: _____ Phone Number (s): _____

Supervisor: _____ Hours Worked Weekly: _____

Duties: _____

Co-Workers: _____

Reason for Leaving or Wanting to Leave:

Employer: _____ Dates From/To: _____

Address: _____ Phone Number (s): _____

Supervisor: _____ Hours Worked Weekly: _____

Duties: _____

Co-Workers: _____

Reason for Leaving or Wanting to Leave:

Employer: _____ Dates From/To: _____

Address: _____ Phone Number (s): _____

Supervisor: _____ Hours Worked Weekly: _____

Duties: _____

Co-Workers: _____

Reason for Leaving or Wanting to Leave:

Employer: _____ Dates From/To: _____

Address: _____ Phone Number (s): _____

Supervisor: _____ Hours Worked Weekly: _____

Duties: _____

Co-Workers: _____

Reason for Leaving or Wanting to Leave:

Employer: _____ Dates From/To: _____

Address: _____ Phone Number (s): _____

Supervisor: _____ Hours Worked Weekly: _____

Duties: _____

Co-Workers: _____

Reason for Leaving or Wanting to Leave:

Employer: _____ Dates From/To: _____

Address: _____ Phone Number (s): _____

Supervisor: _____ Hours Worked Weekly: _____

Duties: _____

Co-Workers: _____

Reason for Leaving or Wanting to Leave:

Employer: _____ Dates From/To: _____

Address: _____ Phone Number (s): _____

Supervisor: _____ Hours Worked Weekly: _____

Duties: _____

Co-Workers: _____

Reason for Leaving or Wanting to Leave:

REFERENCES

List 6 people who you know well enough to provide current and past information about you. Use both professional and personal references:

1. Name: _____ Years Known: _____

Capacity of Acquaintance: (ex. work, church, education, social, etc.) _____

Mailing Address: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

2. Name: _____ Years Known: _____

Capacity of Acquaintance: (ex. work, church, education, social, etc.) _____

Mailing Address: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

3. Name: _____ Years Known: _____

Capacity of Acquaintance: (ex. work, church, education, social, etc.) _____

Mailing Address: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

4. Name: _____ Years Known: _____
Capacity of Acquaintance: (ex. work, church, education, social, etc.) _____
Mailing Address: _____ State: _____ Zip: _____
Phone Number: _____ Email Address: _____
5. Name: _____ Years Known: _____
Capacity of Acquaintance: (ex. work, church, education, social, etc.) _____
Mailing Address: _____ State: _____ Zip: _____
Phone Number: _____ Email Address: _____
6. Name: _____ Years Known: _____
Capacity of Acquaintance: (ex. work, church, education, social, etc.) _____
Mailing Address: _____ State: _____ Zip: _____
Phone Number: _____ Email Address: _____

MISCELLANEOUS

Tell us why you are seeking employment with the Idaho Springs Police Department and why you feel qualified for position for which you are applying.

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in the dismissal if discovered later.

I understand that I will be required to provide a consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that I am extended a provisional offer of employment it will be conditioned upon by successfully passing a complete pre-employment physical and psychological examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I will be required to successfully pass a drug screening examination. I understand that I will be subject to random drug testing. I hereby consent to a pre and if necessitated a post-employment drug screen as a condition of employment.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

Idaho Springs Police Department
3000 Colorado Blvd, PO BOX 907
Idaho Springs, CO 80452
303-567-4291
Fax 303-567-1014

Last Name: _____ First Name: _____

**IDAHO SPRINGS POLICE DEPARTMENT
PRE-POLYGRAPH QUESTIONNAIR**

Read the following instructions CAREFULLY!

DIRECTIONS: The Idaho Springs Police Department has developed a comprehensive process for its selection process for its police applicants. The selection process will consume a great deal of your time as well as expense and effort for the Idaho Springs Police Department.

All answers on this application form are subject to verification by use of the polygraph or voice stress analysis and an intense background investigation. Polygraph questions will be drawn from: 1) Pre-polygraph questionnaire. 2) Initial Application, 3) Background Investigation, 4) any information you voluntarily offer. Deliberate inaccuracies, incomplete statements, minimization, rationalizations, omissions and/or misstatements must be corrected. If they are not, it may result in your disqualification from the selection process or termination from employment if hired.

It is to your advantage to respond honestly and openly to all the following questions. The Idaho Springs Police Department is looking for mature, honest people who can admit their mistakes and discuss those mistakes honestly. For example, being fired from a job, filing for bankruptcy, or having an arrest record is not ground for disqualification in many cases. During your interview, your background investigator will inquire into the facts surrounding the event. An evaluation will be made of the relevance of the facts to the requirements and guidelines of the job. It is your responsibility to be truthful. A negative factor in your background may not terminate you from the application process. **Being dishonest about that negative factor will.** Be honest. If you feel some event in your background is indirectly related to your application, even though it is not specifically listed, then disclose it. Save yourself a great deal of time, money, energy, and effort if you know you will lie at any stage of the application process.

It is your responsibility to ask for clarification of any question or word that is not perfectly clear and understandable to you. Unless otherwise stated, each question refers to anytime, any reason, anyplace, anywhere at any age, in any jurisdiction, in civilian and military life, domestic, or abroad or on any military installation, base, or federal land. **IT IS YOUR RESPONSIBILITY TO BE HONEST AND TRUTHFUL.**

You will need to write a short narrative to fully EXPLAIN EACH YES ANSWER. In your narrative answer the relevant questions of Who, What, When, Where, Why, How, How often, etc. as each question requires. Again, it is important that your answers be honest, as the information will be verified by the polygraph and extensive background investigation.

Make sure you include sufficient detail in your report that your background investigator can read and fully understand the circumstances, of what happened, when and why.

Last Name: _____ First Name: _____

Reference your **DRUG AND SUBSTANCE EXPERIMENTATIONS**, make sure you list the dates first used and last used. Do not rationalize or minimize the facts. If you cannot remember the exact date, put down the month and year to the best of your recollection. If you need more room to write on any given page, continue writing on a separate sheet of paper.

PERSONAL APPLICANT DATA:

Full Name: _____

Alias Names ever used: _____

Street and Mailing Address: _____

City/State/Zip Code: _____

Best Phone Number: _____

Driver's License # and State: _____ DOB: ____ / ____ / _____

Social Security #: _____ Age: _____

QUALIFICATIONS:

Are you applying for a POLICE OFFICER position? YES NO

If yes, complete the following questions:

- Are you currently at least 21 years of age? YES NO
- Do you have any felony convictions or arrests? YES NO
- Do you have any misdemeanor convictions or arrests? YES NO
- Are you currently have a valid driver's license? YES NO
- If you have prior military service in any branch and you have been discharged with the discharge listed on your preparation papers (DD-214) YES NO

Last Name: _____ First Name: _____

Do you have MILITARY experience? YES NO

If yes, complete the following questions:

Have you been a member of any branch of the armed forces, or are you currently serving in any branch of the armed services? YES NO

Which branch(s): _____ Pay Grade Last Promoted To: _____

Date first reported to active duty: _____ Date of discharge: _____

*If you are currently serving (whether active duty, active reserve, or guard) at what date do you expect to complete your obligation or when do you intend to resign your commission? _____

List the total time you have in service: (include active-duty, active-reserve and guard service together _____yrs.

What was your military specialty in civilian terms?

Did you ever fail any term or condition of your enlistment for any reason? YES NO

Character of Discharge Received:

HONORABLE MEDICAL GENERAL DISHONORABLE

Were you ever declared U.A, A.W.O.L, Or Missing Ships Movement? YES NO

While in the military did you ever receive any punishment that resulted in a written reprimand, demotion, suspension, reduction in rank, being relieved of duty, loss of pay or confinement? (This includes such things as Article 15's Page 11's, Captain Mast's, Company punishment, Court Marshal's written counseling statements, etc.?) YES NO

If you answered YES to any of the above military questions, please briefly explain the circumstances here:

Last Name: _____ First Name: _____

EVENT HISTORY SECTIONS:

Please answer YES or NO to each of the following questions. Each question is asking if at any time, any place, anywhere, at any age, for any reason, both in civilian life and in military life, domestic or abroad, you have ever committed any of the following acts. It does not matter if the act was detected, undetected, was reported or unreported, investigated, discovered or if anyone was questioned or arrested. The question is simply asking you if you have ever committed this act.

It is to your benefit to be honest. Examples refer to things that have occurred other than in the line of duty for the job you were in at the time. **WE DO EXPECT EVERYONE TO ANSWER ALL OF THE QUESTIONS HONESTLY.** This section is also designed to measure your reading and comprehension ability, your vocabulary and ability to follow written directions correctly. If you have any questions or do not understand any of the following words or ideas, please just ask for assistance.

DRUG USE AND EXPERIMENTATION

Have you ever experimented at any time, even once with any of the below listed substances for any reason? This includes all use including experimentation, curiosity, peer pressure, and any one time use whether you felt the effects of the substances or not, inhaled or not. Answer each of the questions truthfully YES or NO. Your drug information will be verified by use of the polygraph and background investigation. Do not minimize or rationalize the facts. If you do not know the exact date, put down the approximate month and year as best as you can recall, answer either YES or NO.

1. Marijuana (pot, grass, weed, etc.) YES NO
Date Last used: _____ Estimated how many times in your life _____

2. Hash, Hash oil, hashish etc. YES NO
Date Last used: _____ Estimated how many times in your life _____

3. Cocaine, crack, rock, snow, blow, etc. YES NO
Date Last used: _____ Estimated how many times in your life _____

4. Barbiturates, downers etc. YES NO
Date Last used: _____ Estimated how many times in your life _____

5. Amphetamines, uppers, speed, meth, crank, white crosses, etc. YES NO
Date Last used: _____ Estimated how many times in your life _____

6. Heroin, black tar heroin, horse, H, etc. YES NO
Date Last used: _____ Estimated how many times in your life _____

Last Name: _____ First Name: _____

7. LSD, blotter acid, any other hallucinogenic drug not listed. YES NO
Date Last used: _____ Estimated how many times in your life _____
8. PCP, Angel Dust YES NO
Date Last used: _____ Estimated how many times in your life _____
9. Opium, morphine YES NO
Date Last used: _____ Estimated how many times in your life _____
10. Mushroom, Peyote YES NO
Date Last used: _____ Estimated how many times in your life _____
11. Quaaludes, Ecstasy, etc. YES NO
Date Last used: _____ Estimated how many times in your life _____
12. Steroids, injected or oral YES NO
Date Last used: _____ Estimated how many times in your life _____
Total number of single injections or pills take, not number of cycles.
13. Inhaled any paint, glue, solvents, gases for the sole purposes of getting high YES NO
Type used: _____
Date Last used: _____ Estimated how many times in your life _____
14. Poppers, amyl nitrate, "Rush" etc. (Inhaled) YES NO
Date Last used: _____ Estimated how many times in your life _____
15. Any other illegal substances not listed YES NO
Type used: _____
Date Last used: _____ Estimated how many times in your life _____
16. Ever abused any prescription or over the counter drugs, prescribed to you or anyone else for the sole purpose of getting high or for its effects. (ex. Valium, Xanax, Codeine, Methadone, Dilaudid, Demerol, drinking Listerine, mouthwash, cologne. YES NO
Type used: _____
Date Last used: _____ Estimated how many times in your life _____

Last Name: _____ First Name: _____

17. Ever purchased any narcotics, illegal drugs, steroids or marijuana without a doctor's prescription for you or anyone else, including giving someone else money to purchase for you YES NO
18. Ever used any illegal drugs or narcotics on any job or gone to work under the influence of any illegal drug or narcotic YES NO
19. Ever sold or been present on any illegal or counterfeit drug transaction, including marijuana (meaning receiving anything of value for a favor, mechanical work, money, good, sex, travel, food, gas, etc.) YES NO
20. Ever manufactured or cultivated any illegal drug or narcotic, including marijuana YES NO
21. Currently associate with anyone who uses any illegal drugs while in your presence YES NO
22. Does anyone living with you or has previously lived with you used illegal drugs YES NO
23. Ever sold or traded anything of value, OTHER THAN MONEY, to purchase any illegal drugs, including marijuana YES NO
24. Ever been terminated from any employment due to alcohol related issues YES NO
- a) How many alcoholic beverages do you consume in a month? _____
 - b) How many times do you estimate you have been legally intoxicated from consuming alcoholic beverages with in the last 365 days? _____
 - c) How you ever been stopped, detained, arrested, or convicted of DWI or DUI? YES NO
 - d) Have you ever been involved in an automobile accident as a driver while being under the influence of alcohol? YES NO
 - e) Have you ever had any contact with any law enforcement officer because you had been consuming alcohol? YES NO
 - f) Have you ever been involved in a fight or argument with anyone because you had been under the influence of alcohol? YES NO
 - g) Have you ever done any act while under the influence of alcohol that you would have NOT done so if you had not been under the influence? YES NO
 - h) Have you ever driven a motor vehicle or watercraft while under the influence of alcohol or any narcotic where if you had been stopped by law enforcement you might have been committing the crime of DWI OR DUI? YES NO
 - i) Please provide the approximate date that you last drove under the influence of an alcohol or narcotics where you believed you should NOT have been driving or operating a motorized vehicle. _____
 - j) How many times do you believe you may have driving under the influence or alcohol or drugs where you feel you may have cited or arrested if stopped by law enforcement? This is regardless to whether you were cited or arrested or not? _____

Last Name: _____ First Name: _____

- k) Have you ever purchased alcohol for a minor? YES NO
l) Have you ever used a false ID or someone to use your state issued ID? YES NO

CRIMINAL EVENTS:

25. Have you even been placed into PROTECTIVE CUSTODY for any reason? YES NO
26. Ever committed a burglary such as residential, auto, or commercial? (Includes entry into any building, structure, vehicle, watercraft, etc., to commit any theft or other crime) YES NO
27. Ever received or sold any property you knew or suspected was stolen? YES NO
28. Ever committed any theft or shoplifting? YES NO
29. Ever committed any murder or manslaughter, voluntary or involuntary? YES NO
30. Ever committed any auto theft, including taking a automobile to joyride? YES NO
31. Ever been a suspect in a crime, stopped or detained and questioned reference any crime? YES NO
32. Ever forged any check, credit cards, or prescriptions with the purpose of defrauding? (converts anything for your own personal use) YES NO
33. Ever been arrested, either as an adult or as a juvenile, for any reason? YES NO
34. Ever smuggled any contraband into any jail or correction facility? YES NO
35. Ever committed any aggravated assault or battery against another person? (Used any weapon or threatened to use a weapon against another person) YES NO
36. Ever committed any act of physical domestic abuse against another person to which you have been in or are in a relationship with, such as boyfriend/girlfriend, husband/wife. Partners, or significant other? (Includes any slap, hit, punch, kick, pinch, shove, push, jab, poke or other serious, painful or violent physical contact for any reason) YES NO
37. Ever committed any act of bombing or dangerous use of explosives? (Including pipe bombs, M-80s etc.) YES NO
38. Ever committed any act of graffiti, vandalism, damage to private or public property, including any automobile? YES NO
39. Ever offered or accepted any bribe for any reason? YES NO
40. Ever committed any arson or negligent use of fire? (Intentionally set any fire.) YES NO
41. Ever eluded any police officer, either on foot or in a vehicle? YES NO
42. Ever committed any act of kidnapping, false imprisonment, or custodial interference? YES NO
43. Ever issued any "NO ACCOUNT" checks? (On any already closed account or on a false account in your or any other name?) YES NO
44. Ever committed shoplifting? YES NO

How many times _____ Value \$ _____

Last Name: _____ First Name: _____

45. Ever made any obscene, harassing, threatening, annoying, intimidating text messages, phone calls or any false bomb threats for any reason? YES NO
46. Ever committed any hunting, fishing, or boating violations? YES NO
47. Ever carried any unlawful deadly weapon into any bar or on school premises, other than in the line of duty? YES NO
48. Ever carried any weapon on your person or in your vehicle for your own personal protection?
 YES NO
49. Ever failed to file an income tax report, federal or state? YES NO
50. Ever been forced to pay any back taxes or tax penalties for any reason, anywhere, anytime, business or personal? YES NO
51. Ever shot at any uninhabited/inhabited dwelling, building, vehicle or at a person, other than in the line of duty? YES NO
52. Ever impersonated a police officer for any reason? YES NO
53. Ever forged another person's signature to any Bill of Sale? YES NO
54. Ever obstructed or refused to obey any police officer? YES NO
55. Ever committed any act of perjury, lying under oath, either in writing or orally, at any hearing, criminal case, or civil suit? YES NO
56. Ever failed to return any rental property such as tapes, tools, equipment, or vehicles? YES NO
57. Ever made a false police or insurance report for any reason? YES NO
58. Ever been the target or subject of any Grand Jury Investigation? YES NO
59. Ever altered or possessed a false identification (I.D.) (Includes driver's license, birth certificates, etc.) YES NO
60. Ever knowingly committed any Federal Firearms violation? (Includes automatic weapons, silencers, armor piercing rounds, etc.) YES NO
61. Ever committed any act of sabotage or espionage against the United States? YES NO
62. Ever committed blackmail, mail fraud or extortion? YES NO
63. Ever altered any vehicle V.I.N. (Vehicle Identification Number) for any reason? YES NO
64. Ever falsely obtained any service such as food, utilities, motel, gas, cable TV or garbage removal without paying for it? YES NO
65. Ever illegally fire any firearm or a BB or pellet gun? YES NO

Last Name: _____ First Name: _____

66. Ever obtained welfare or public assistance benefits you were not entitled to such as unemployment, aid for dependent children or food stamps? YES NO
67. Ever aided or concealed any wanted person from any police agency? YES NO
68. Ever been the subject of any restraining order? YES NO
69. Ever caused the death of another, either intentionally or unintentionally? YES NO
70. Ever been the subject of any arrest warrant? (Juvenile, traffic, misdemeanor, felony, federal, parking warrant etc.)
71. Ever been the subject of any search warrant?
72. Ever committed any robbery? (Theft from someone using a weapon, implying a weapon or otherwise using any force) YES NO
73. Ever purposely provided any false information to any police officer such as a false date of birth, false social security number, name, address, phone number, event, or crime facts etc.) YES NO
74. Other than traffic, have you ever been issued any misdemeanor citation for any reason? (Minor in Possession of Alcohol, Trespassing, Loitering, Littering, Shoplifting, Open Container of Alcohol, etc.) YES NO
75. Ever been required to appear before any Children's or Juvenile court as a defendant for any reason? YES NO
76. Ever committed any act of embezzlement? (Includes any theft from any employer, including money or merchandise, or converting anything trusted to you for your own use) YES NO
77. Ever been placed on court probation either as an adult or as a juvenile? (Includes doing any community service for any reason, in any state) YES NO
78. Ever been paroled or are you currently serving parole or probation? YES NO
79. Ever been a "lookout" "get-away driver" or in any way aided in any illegal act or crime? YES NO
80. Ever reported or made a false fire alarm? (Includes pulling fire alarm.) YES NO
81. Ever tampered with any evidence for any reason, in any type case? YES NO

RELATIONSHIP EVENTS:

82. Ever committed any forcible or criminal sex act, other than sexual assault, against another person? (Includes oral copulation, masturbation, sodomy, etc., against someone's will) YES NO
83. Ever committed any act of sexual assault or criminal sexual contact of another? YES NO

Last Name: _____ First Name: _____

84. Ever contributed to the delinquency of any minor by providing any liquor or illegal drugs or for having sex with? (Minor means anyone under 18.) YES NO
85. Ever patronized or procured any prostitute, male, or female in any country? YES NO
86. Ever committed any act of prostitution? (Performed any sex act for anything of value such as money, goods, favors, food, discounts, drugs, travel, lodging, alcohol, mechanical work, service, etc.)
 YES NO
87. Ever committed any act of indecent exposure, incest, or sexual assault? YES NO
88. Ever physically abused or sexually molested any child? YES NO
89. Have you ever physically or sexually abused or molested any mentally or physically handicapped or elderly person? (Includes the blind, deaf, mute, down's syndrome, muscular sclerosis, muscular dystrophy, etc.) YES NO
90. Have you ever viewed, possessed, and/or subscribed to child pornography in any form?
 YES NO
91. Have you ever committed any act of voyeurism at anyone undressing or involved in an sexual activity? YES NO

JOB AND WORK HISTORY:

92. Ever been suspended or expelled from any school, high school, trade school, community college, college, university, vocational or technical school for any reason? YES NO
93. Ever sexually harassed another employee at work? YES NO
94. Ever sued any employer, past or present, in any civil action for any reason? YES NO
95. Ever received counseling, a written reprimand, been suspended or relieved of duty for any reason at any job you have ever had? YES NO
96. Ever been fired from, given the option of resigning, or resigned to avoid termination from any job?
 YES NO
97. Ever been refused a security clearance or have lost a security clearance at any job you have worked, or lied or misrepresented any fact in any application or process to secure a security clearance?
 YES NO

Last Name: _____ First Name: _____

TRAFFIC RELATED EVENTS:

98. Ever been involved in a traffic accident in which you were the driver during the last 10 years? (Includes reported, unreported, hit and run, military, on public or private property.) YES NO

99. Ever received any traffic citation in the last 10 years? (Includes any parking citation, dismissed citation, military police citation, warning citation, etc.) YES NO

100. Ever had your driver's license suspended, revoked or placed on points advisory status for any reason in any state. YES NO

101. Are any vehicles currently registered to you not insured for any reason? YES NO

102. Have you ever had a driver's license issued to you other than by the state of Colorado? (List all state issued, date issued, date licensed, and license number if known) _____

103. Ever committed a hit and run accident on either public or private property? (Includes military bases, parking lots, etc.) YES NO

104. Do you currently possess a valid driver's license? (List state(s), license number, and expiration date) How long have you been a licensed driver? _____

105. Ever been arrested for driving intoxicated in any jurisdiction? YES NO

FINANCIAL EVENTS:

106. Ever declared bankruptcy? (Chapter #7, #11, #13, etc.) YES NO

107. Ever been referred to any collection agency? YES NO

108. Ever had any purchased good repossessed? YES NO

109. Ever had your wages garnished or any liens placed on any property? YES NO

110. Have you ever written any checks which were returned for insufficient funds, account closed and/ or been notified by a bank or business that your account was overdrawn? YES NO

111. Ever been a defendant, petitioner, respondent, or plaintiff in any civil action case? (Refers to any hearing or case other than of a criminal nature, such as being sued.) YES NO

112. Ever been more than 60 days late in paying any financial responsibility? YES NO

113. Ever failed to pay any child support, alimony, or divorce settlement payments? YES NO

114. Ever gotten into serious financial difficulties? YES NO

PREVIOUS RESIDENCES:

115. Ever been evicted from any place you have ever lived? (Includes failing to pay any rent, lease violations, or moving out "in the middle of the night" to avoid rent.) YES NO

Last Name: _____ First Name: _____

MISCELLANEOUS ISSUES:

116. Ever been involved in a physical fight in the last 10 years? YES NO

117. Ever been a member of, or had any gang affiliations? YES NO

118. Ever committed any animal control violation such as cruelty to, abandonment or death of any domestic animal or been issued a citation or written warning for any other related animal violation? (Includes loose animal, barking dog, animal license violation, animal registration, vaccination, spaying, neutering.) YES NO

119. Ever been investigated or sued for any Civil or Federal Rights violations? YES NO

120. Ever been subject of any polygraph examination? YES NO

121. Ever changed your name or used another person's name for any reason? YES NO

122. Do you currently have any prejudices against any specific group of people that you feel you would not be able to comfortably work with or for? YES NO **Reasoning:** _____

123. Ever applied to any other law enforcement or corrections agencies? This includes any local, state, or federal agencies. (Apply means obtaining the initial application, filling it out and sending it back.) If you have applied with I.S.P.D before you must answer yest. (List agency, dates applied, and disposition)
 YES NO _____

124. Ever committed any dishonest act in any police selection process to remain a police candidate such as cheating, lying having another person take a test for you, provide false documents etc.?
 YES NO

125. Ever been investigated or sued for any Civil or Federal Rights violations? YES NO

126. Ever attend or participated in any cock or dog fighting event? YES NO

127. Ever failed any background investigation for any law enforcement position or agency?
 YES NO

128. Are you currently awaiting any court date(s) for any reason? YES NO

129. Have you ever been placed in a pre-prosecution program by any court, judge, or court official for any reason? YES NO

130. Ever altered any serial number or ID marks for any reason? YES NO

131. Ever smuggled, transported, or concealed illegal aliens? YES NO

132. Have you ever been a member of any radical organization such as the KKK, Aryan Brotherhood, Skin heads, Black Panthers, IRA, or any other organization that targets any ethnic, racial, or religious groups? YES NO

Last Name: _____ First Name: _____

133. Have you ever participated in any physical abuse or threatened any person(s) based solely on their perceived sexual orientation, or cultural differences? YES NO

134. Is there anything else about your background that needs to be revealed or disclosed that may be relevant to your application? YES NO

135. Have you intentionally omitted any fact or facts from your application or withheld any information relevant to your application? YES NO

136. Do you have any fears or weaknesses that might affect your possible performance as a police officer? YES NO

137. Do you understand, or have you considered that you might have to take another person's life in the line of duty? YES NO

138. When you submit to the polygraph/voice stress analysis do you think you will pass it based on your answers you provided today? YES NO

Now that you are through answering all the above questions, take a minute and go through to **MAKE SURE YOU HAVE ANSWERED ALL OF THE QUESTIONS. NO SINGLE QUESTION MAY BE LEFT UNANSWERED.** Once this is done, go through the questions again and make sure you have explained all the **YES** answers.

READ AND SIGN:

I have read the above questions thoroughly and completely. I understand the above questions and have answered them truthfully. I agree to the statement of my own free will and have not been subject to any mental or physical force or coercion of any kind.

I am aware that any falsification or omission of any true information made on this questionnaire may cause my name to be removed from the eligibility list or be the cause of immediate dismissal if any employment has been made, I know and understand what I am doing. **I FULLY UNDERSTAND THE INFORMATION I HAVE PROVIDED WILL BE VERIFIED BY USE OF THE POLYGRAPH AND AN EXTENSIVE BACKGROUND INVESTIGATION BY THE IDAHO SPRINGS POLICE DEPARTMENT.**

Candidates Printed Name: _____ Date: _____

Candidates Signature: _____



Idaho Springs Police Department

3000 Colorado Blvd. ★ Post Office Box 907

Idaho Springs, CO 80452

303-567-4291/ 303-567-1014 Fax

I _____, hereby authorize the bearer of this release form, or copy thereof, within one year of it's date, to obtain any information in my files pertaining to my employment, military, educational records, and civil matters (including but not limited to academic achievement, attendance, athletic, personal history, grievance and disciplinary records). I also specifically authorize the release or review of any documents held by current and former employers that may be sealed under a non-disclosure agreement and declare this inquiry supersedes any such agreement with current or former employers for the sole purpose of review for pre-employment evaluation. I further authorize the release for all law enforcement records (including but not limited to any record of charge, prosecution for criminal or civil offenses).

I hereby release you as the custodian of such records and any entity including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Full Name: _____ Signature: _____

Birth Name/Alias: _____

Date or Birth: _____ Social Security Number: _____

Date of Request: _____

SUBSCRIBED AND WORN TO BEFORE ME THIS: _____ (date) by:
WITNESS MY HAND AND OFFICIAL SEAL.

NOTARY PUBLIC

My Commission Expires: _____ (date)